

# READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 5 February 2017

## Rural Health Clinic/Federally Qualified Health Center: Emergency Plan

The rural health clinic/federally qualified health center (RHC/FQHC) must develop and maintain an emergency preparedness plan that must be evaluated and updated at least annually. The plan must do all of the following:

1. Be based on and included a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address patient population, including, but not limited to, the type of services the RHC/FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the RHC/FQHC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

*"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned..."*

- Federal Register, 9/16/2016

## RHC/FQHC: Policies and Procedures

The RHC/FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

1. Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.
2. A means to shelter in place for patients, staff, and volunteers who remain in the facility.

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Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>.

## RHC/FQHC: Policies and Procedures cont.

3. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
4. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during and emergency.

## RHC/FQHC: Communication Plan

The RHC/FQHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

1. Names and contact information for the following:
  - Staff
  - Entities providing services under arrangement
  - Patients' physicians
  - Other RHC/FQHC
  - Volunteers
2. Contact information for the following:
  - Federal, State, tribal, regional or local emergency preparedness staff
  - Other sources of assistance
3. Primary and alternate means for communicating with the following:
  - RHC/FQHC's staff
  - Federal, State, tribal, regional, or local emergency management agencies
4. A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4)
5. A means of providing information about the dialysis facility's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

## RHC/FQHC: Training and Testing

The RHC/FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually.

1. Training program—The RHC/FQHC must do all of the following:
  - A. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
  - B. Provide emergency preparedness training at least annually.
  - C. Maintain documentation of the training.
  - D. Demonstrate staff knowledge of emergency procedures.
2. Testing. The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC/FQHC must do all of the following:
  - A. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the RHC/FQHC experiences an actual natural or manmade emergency that required activation of the emergency plan, the RHC/FQHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event
  - B. Conduct an additional exercise that may include, but is not limited to the following:
    - i. A second full-scale exercise that is community-based or individual, facility-based
    - ii. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, direct messages, or prepared questions designed to challenge an emergency plan
  - C. Analyze the RHC/FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC/FQHC's emergency plan, as needed

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# RHC/FQHC: Training, Testing, and Orientation cont.

3. Integrated healthcare systems. If a RHC/FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the RHC/FQHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
  - A. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
  - B. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
  - C. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
  - D. Include a unified and integrated emergency plan that meets the requirements above. The unified and integrated emergency plan must also be based on and include all of the following:
    - i. A documented community-based risk assessment, utilizing an all-hazards approach.
    - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
  - E. Include integrated policies and procedures that meet the requirements set forth above, a coordinated communication plan and training and testing programs that meet the requirements above.

## RHC/FQHC Highlights

### Emergency Plan

The RHC/FQHC must develop and maintain an emergency preparedness plan that must be evaluated and updated at least annually.

1. Be based on a risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address patient population, and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation

### Policies and Procedures

The RHC/FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.

### Communication Plan

The RHC/FQHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.

### Training and Testing

The RHC/FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually.

1. Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
2. The RHC/FQHC must conduct exercises to test the emergency plan at least annually.
3. Participate in a full-scale exercise that is community-based.
4. Conduct an additional exercise.

# RHC/FQHC: NARHC Memo

## Summary

On September 16<sup>th</sup> 2016, CMS released a final rule which established national emergency preparedness requirements for Medicare and Medicaid participating providers to prepare and plan for disasters. CMS's goal is to ensure that the providers and suppliers are prepared during emergencies and disasters. CMS found that previous requirements did "not go far enough" to guarantee the safety of patients during emergencies.

### Implementation Date; November 15<sup>th</sup> 2017

While these regulations are currently effective, the implementation date is not until November 15<sup>th</sup> 2017 so RHCs have until then to comply.

The first step to creating an emergency preparedness plan is to create what CMS calls an "all hazards approach" to emergency preparedness. An "all-hazards approach" to emergency planning focuses on the preparedness of providers for a full range of emergencies. This could mean preparing for natural disasters or considering risks around the area of a RHCs. CMS leaves it up to RHCs to develop their own process for creating a risk assessment. However, CMS does expect that the participation of all staff including an administrator, physician, a nurse practitioner or physician assistance and a registered nurse to be involved in assessing the risk of the RHC.

The plan must include strategies for addressing emergency events identified by the risk assessments and identify what services the RHC would be able to provide during an emergency.

Finally, the emergency plan should include a process for cooperation with local, state and federal emergency preparedness officials in a case of an emergency. The regulations specify that the RHC should document attempts to contact such officials for certification purposes.

It is important to note, that unlike hospitals CMS did not require RHCs to have a system to track the location of staff and patients in the facility's care during and after emergency. Furthermore, RHCs do not have to provide for basic subsistence needs for staff and patients.

After an RHC creates an emergency plan, RHCs must then develop policies and procedures to address possible emergencies. RHCs must plan for safe evacuation from the RHC which includes the appropriate placement of exit signs and responsibilities of staff members.

There must be a way to shelter in place for people who remain in the facility. RHCs must also preserve their medical documentation. Finally RHCs must have a plan to use volunteers and other emergency personnel during an emergency.

RHCs must develop and maintain a training and testing program based on the risk assessment, emergency plan and communication plan. This training program must include a documented initial training with all new and existing staff which is performed annually. Furthermore, RHCs must test their emergency plan at least annually. CMS will consider a plan properly tested if the RHC performs and analyzes either two full scale community based exercises or one full scale community based exercise and a tabletop exercise.

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